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PTO/SB/21 (6/98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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STRANSMITTAL					Application Number	09/771,1	13
Ali6 0 3 2004 FORM  FORM  (to be seed for all correspondence after initial filing)				Filing Date	January		
			First Named Inventor	Dasari Ja	Dasari Jagadish Kumar, et al. 2631		
			Group Art Unit	2631			
NO.	PADE	ior an	correspondence and ma	a imig/	Examiner Name	Phuong	M. Phu
		es in	This Submission	18	Attorney Docket Number	7416/782	222 - PPA 2 <b>RECEIV</b>
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			E	NCLOSURE	ES (check all that apply)		
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$\boxtimes$	Amendment	t/Res	ponse	Licensing-	related Papers	Appeal	Communication to Group  I Notices, Brief, Reply Brief)
	After Fi	inal			outing Slip (PTO/SB/69)	1 —	tary Information
	Affidavi	its/de	claration(s)	Petition to	npanying Petition  Convert to a Provisional	Status	Letter
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	or Printed Nar	me	Walter J. Kawula, Jr.,	Esq.			
			11/1/10	0/4	- 01/	Date	
Signature Children			Wille	- Waw	wy		July 30, 2004



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PTO/SB/17 (10-03)
Approved for use through 07/31/2006, OMB 0651-0032
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FEE TRANSI	Complete if Known			
	Application Number	09/771,113		
for FY 20	Filing Date	January 26, 2001		
Effective 10/01/2003. Patent fees are sub	First Named Inventor	Dasari Jagadish Kumar, et al.		
Applicant claims small entity status	Examiner Name	Phuong M. Phu	RECEIVE	
		Art Unit	2631	. LOLIVE
TOTAL AMOUNT OF PAYMENT	(\$) \$420.00	Attorney Docket No.	7416/78222 - PPA 2	AUG 0 6 2000

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
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Deposit Account	13	elsh & Kat	2 I td	1032	30	2052	20	sheet	
Name		reisii & Kat	z, Liu.	1053	130	1053	130	Non - English specification	
The Director i	s authorized to	: (check all t	hat apply)	1812	2,520			For filing a request for ex parte reexamination	
Charge fee	e(s) indicated be	low Credi	it any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge an	y additonal fee(s	s) or any underpayr	ment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
_ `		low, except for the	e filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-id	lentified deposit		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1252	420	2252	210	Extension for reply within second month	420.00
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Code (\$) 1001 770		Utility filing fee	Fee Paid	1401	330	2401	165	Notice of Appeal	
1001 770 1002 340	1	Design filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1002 540		Plant filing fee		1403	290	2403	145	Request for oral hearing	
1004 770		Reissue filing fe	ee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	2005 80	Provisional filin		1452	110	2452	55	Petition to revive - unavoidable	
	' SU	BTOTAL (1)	(\$)	1453	1,330	2453	665	Petition to revive - unintentional	
0 EV70	4 04 4114 55	SO SOD UTIL		1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EX IR/	A CLAIM FE	ES FOR UTIL	Fee from	1502	480	2502	240	Design issue fee	
	Extra C		below Fee Paid	1503	640	2503	320	Plant issue fee	
Total Claims Independent	-20**		= 0.00	1460	130	1460	130	Petitions to the Commissioner	
Claims Multiple Depo		- (	=	1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
Large Entity		<b>X</b>		1806	180	1806	180	Submission of Information Disclosure Statement	
Fee Fee Code (\$	Fee Fee	Fee Des	cription	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18		Claims in exce		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1201 86 1203 290	ł	•	aims in excess of 3 dent claim, if not paid	1810	770	2810	385	For each additional invention to be examined	
1203 290		• •	ependent claims	1801	770	2801	385	(37 CFR § 1.129(b)) Request for Continued Examination (RCE)	
1204 00	2207 73	over original		1802	900		900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			1000 1001				of a design application		
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SUBTOTAL (2) (\$) \$0.00									
**or number previously paid, if greater; For Reissues, see above			*Red	luced t	y Basic	Filing	Fee Paid SUBTOTAL (3) (\$)	\$420.00	

omplete (if applicable) SUBMITTED BY Registration No. (#ttorney/Agent) (312) 655-1500 39,724 Telephone Name (Print/Type Marie Signature

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